

Mailing Address

3037 NW 92ND ST

MIAMI FL 33147-3425

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3037 NW 92ND ST

MIAMI FL 33147



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027988 (0)

C & C DRYWALL CORPORATION INC

4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country Zip Ζıp This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CERRATO, CARLOS 3037 NW 92ND ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI (NOTE Registered Agent signature required when reinstating) Signature, typical or printed name of registered agent and till of applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change Addition 11 DILE THILE **CERRATO, CARLOS** 1.2 NAME NAME 3037 NW 92ND ST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition THILE 21 TITLE CERRATO, MARTA 2.2 NAME NAME 3037 NW 92ND ST STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33147** 2. 4 CITY-ST-ZIP CITY - \$1 - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-\$1-ZIP 3.4. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 in an attachment with an oddress.

4.1 TITLE

4 2 NAME 4 3 STREET ADDRESS

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

DELETE

1-08-97

305-836-004-6 Daytime Phone #

Change

Change

Addition

Addition

Addition

FILED

Feb 03 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

03/25/1996